

AO 435 (Rev. 03/08)		Administrative Office of the United States Courts		<b>FOR COURT USE ONLY</b> <b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>					
<i>Please Read Instructions:</i>					
1. NAME Hermann Bauer (Hermann.Bauer@oneillborges.com)		2. PHONE NUMBER (787) 282-5723		3. DATE 12/20/2017	
4. MAILING ADDRESS 250 Ave. Muñoz Rivera, Ste. 800		5. CITY San Juan		6. STATE PR	7. ZIP CODE 00918
8. CASE NUMBER 17-bk-3283	9. JUDGE Swain	DATES OF PROCEEDINGS 10. FROM 12/20/2017      11. TO 12/20/2017			
12. CASE NAME In Re: Commonwealth of Puerto Rico		LOCATION OF PROCEEDINGS 13. CITY New York      14. STATE NY			
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Entire transcript for 12/20/2017	
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE /S/ HERMANN BAUER			PROCESSED BY		
19. DATE 12/20/2017			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00